



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: WWW.DPR.DELAWARE.GOV

GAMING CONTROL BOARD

ORIGINAL APPLICATION FOR CONDUCTING CHARITABLE GAMBLING

1. Name of Applicant: _____
2. Address (also indicate mailing address if different): _____

- 3a. Is the applicant a volunteer fire company, veterans, charitable or religious organization, or fraternal society? YES _____ NO _____ If the answer is YES, check the appropriate category:
____ Volunteer Fire Company ____ Veterans organization ____ Religious organization
____ Charitable organization ____ Fraternal society
(Please note that under the Delaware Constitution and Delaware law, the Board can only license volunteer fire companies, veterans, charitable or religious organizations, or fraternal societies).
- 3b. Please provide a copy of a letter of tax exemption from the Internal Revenue Service under Section 170, or Section 501 (a) or 501 (c)(3). NOTE: If you are relying on the exemption of a parent organization, you must submit a letter from your parent organization specifically stating that your organization is properly affiliated and permitted to hold this event.

If you do not have a letter from the Internal Revenue Service verifying your status as a tax-exempt organization, you can contact the IRS:

IRS Service Center
11601 Roosevelt Blvd.
Philadelphia, PA 19154
(877) 829-5500

4. Legal status of applicant (i.e., corporation, unincorporated association): _____
5. Date applicant began existence: _____
6. Officers of applicant:
NAME ADDRESS

7. The premises where the function will be held: _____

(If the sponsoring organization does not own these premises, ***A LETTER AUTHORIZING YOUR ORGANIZATION TO USE THE FACILITY LISTED ABOVE MUST ACCOMPANY THIS APPLICATION TO ENSURE BOARD APPROVAL.***)

8. Cost for admission, if any: _____

9. List games that will be conducted:

DESCRIPTION

WAGERING LIMIT

10. Please list the **dates and times** the function(s) will be conducted (**not to exceed six hours**):

The Board office must receive items submitted for the Board to consider at its meeting **no later than two full business days before the meeting**. In order to be considered at a Board meeting, license applications must be **complete two full business days before the meeting**. A **complete** application is one that includes all required documentation and correct payment.

Applications that are not **complete** within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

Please note: When your application is **complete**, please allow 4-8 weeks to receive your license.

STATEMENT OF APPLICANT AND MEMBER (S) IN CHARGE:

STATE OF DELAWARE }
 } SS.
County of _____}

The undersigned do hereby state under penalty of perjury that all statements in the foregoing application are true and correct; that the undersigned member or members in charge of games are all of good moral character and have not been convicted of a crime involving moral turpitude; that if a license is granted hereunder, this undersigned member or members in accordance with the provisions of the laws of this state, the license, and the rules and regulations of this Commission governing the conduct of such games.

Signature of officer and title

Member in Charge

Member in Charge

For Board office use only
License Number: _____
District: _____
(Wilmington, New Castle, Kent or Sussex)

IMPORTANT NOTICE: Check or Money Order for \$15.00 payable to the "State of Delaware" for each license requested must accompany this application.

